

## **Development and Planning Department**

220 West Willow Street, Building B Lafayette, LA 70501

Monday thru Friday 7:00 am - 4:00 pm

Ph: (337) 291-8461 Fax: (337) 291-8476 etrakit@lafayettela.gov

## **Sign Permit Application**

FAILURE TO SUBMIT A COMPLETE LEGIRLE APPLICATION MAY RESULT IN DELAYS IN PROCESSING OR PERMIT APPROVAL

| FAILURE TO SUBMIT A  | COMPLETE, LE   | GIBLE APPLICA   | TION MAY RE       | SULT IN DELAYS IN P    | ROCESSING OR PE     | RMIT APPROVAL |
|--|----------------|---|-------------------|------------------------|---------------------|---------------|
| OFFICE USE ONLY Permit No.   |                |   | Reviewer: Zoning: |                        |                     |               |
|  |                | Sub ID:   |                   |                        |                     |               |
|  |                | Flood Zone:   |                   |                        |                     |               |
|  |                |   |                   |                        |                     |               |
| GENERAL PROJECT  |                | N   |                   |                        |                     |               |
| Project Address (sign  | location):     |   |                   |                        |                     |               |
| Business Name (sign of   | owner):        |   |                   |                        |                     |               |
| 0017407111500144   | T.O.           |   |                   |                        |                     |               |
| CONTACT INFORMA  | TION           |   |                   |                        |                     |               |
| Property Owner:  |                |   |                   |                        | T                   | T             |
| Address:   |                | City:   |                   | State:                 | Zip:                |               |
| Phone:   |                | Fax:  |                   | Email:                 |                     |               |
| Sign Company:  |                |   |                   |                        |                     |               |
| Address:   |                | City:   |                   | State:                 | Zip:                |               |
| Phone:   |                | Fax:  |                   | Email:                 |                     |               |
|  |                |   |                   |                        | l                   |               |
| PROJECT DETAILS  |                |   |                   |                        |                     |               |
| Construction Cost: \$  |                |   |                   |                        |                     |               |
| Sign Width:  |                | Sign Height:  |                   | Freestanding Height    | (foundation to top) | ):            |
| Sign Type (select all that apply): ☐ Permanent ☐ Wall Sign (Connected/mounted to building) |                | <ul><li>☐ Temporary</li><li>☐ Free-standing</li><li>☐ Digital</li></ul> |                   | □ Pole □ Monument      |                     |               |
| # Faces:   | Illuminated:   | Yes □ No  |                   | If YES, specify type:  | □ Internal          | □ External    |
| Type of Business: ☐ Independent ☐ Integrated Business Center                               |                |   |                   |                        |                     |               |
| Name of Integrated Bu  | usiness Center | (if applicable):  |                   |                        |                     |               |
| Replacement Sign:  | □ Yes          | □No   |                   | If YES, specify origin | al: Width:          | Height:       |
| Frontage – Front Street: Frontage- Side  |                | e Street (if corner lot): Store Width/Front                             |                   | ntage:                 |                     |               |
| I understand that the provide all the inform   |                |   | the removal       |                        |                     |               |
| Printed Name   |                |   | Signature         |                        |                     | Date          |

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## **Application Instructions**

Submit completed application to the Development and Planning Department located at **220 W Willow St.**, **Building B – Lafayette**, **Louisiana – 70501** or e-mail to **etrakit@lafayettela.gov**. Refer to the Requirements for Approval below to ensure your application is complete.

Once an application is received, the plans are routed to the various divisions of LCG departments for review. **This process typically takes three (3) to five (5) working days.** 

| Requirements for App | roval |
|----------------------|-------|
|----------------------|-------|

| Complete, legible Sign Permit Application                     |
|---|
| Scaled site plan on 8 ½ x 11                                  |
| Include existing buildings on same lot                        |
| Include streets   |
| Include lot dimensions  |
| Include driveway & sidewalk locations                         |
| Include easements and/or other encumbrances                   |
| Include proposed sign with setbacks                           |
| Include elevation drawings showing sign dimensions and height |

## **Payment**

The Building Permit fee is \$5.00 per \$1,000.00 of fair market value. The minimum fee is \$25.00. Total valuation varies per project. Contact our Permit Desk at (337) 291-8461 for additional info or an exact valuation.

Payment for a building permit and plans review (if applicable) is due at the time the permit is issued. Cash or check made payable to LCG only.

| Process |                  |            |
|---------|------------------|------------|
|         | Applicant Action | LCG Action |

|                                  | Submit application and required drawings  |          | Conduct inspections                                       |
|----------------------------------|---|----------|---|
| Submit revised plans as needed → | LCG circulates plans to various<br>divisions of LCG for review<br>(3-5 working days)<br>↓ |          | ↑ Purchase required permits and proceed with construction |
| 1                                | Approved by all LCG departments?  | YES      | 1   |
| NO                               | ← →   | <b>→</b> | Applicant will be notified of approval                    |